



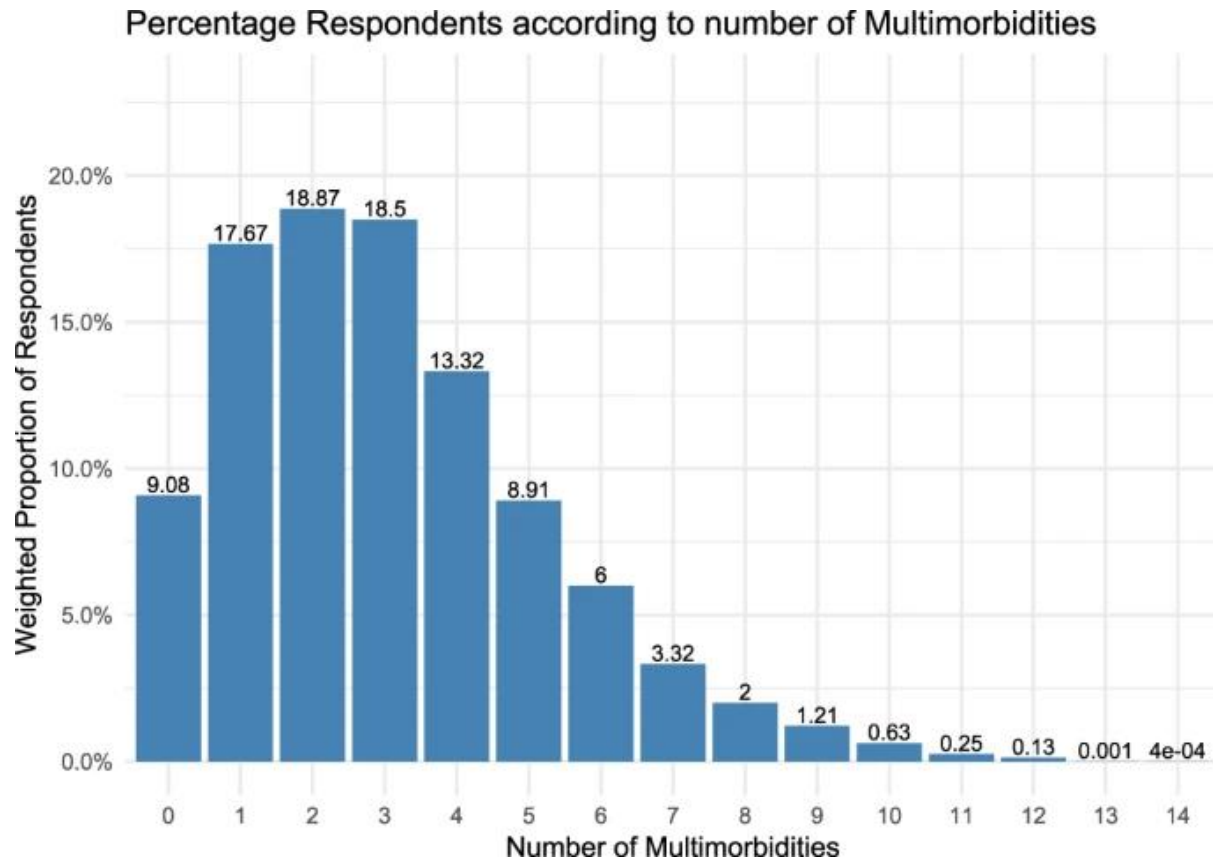
# Development of a European competency framework to support behaviour change and self-management in chronic disease



# Presentation outline

- Background
- Aim and objectives
- Methods
- Results
- Ongoing and future work

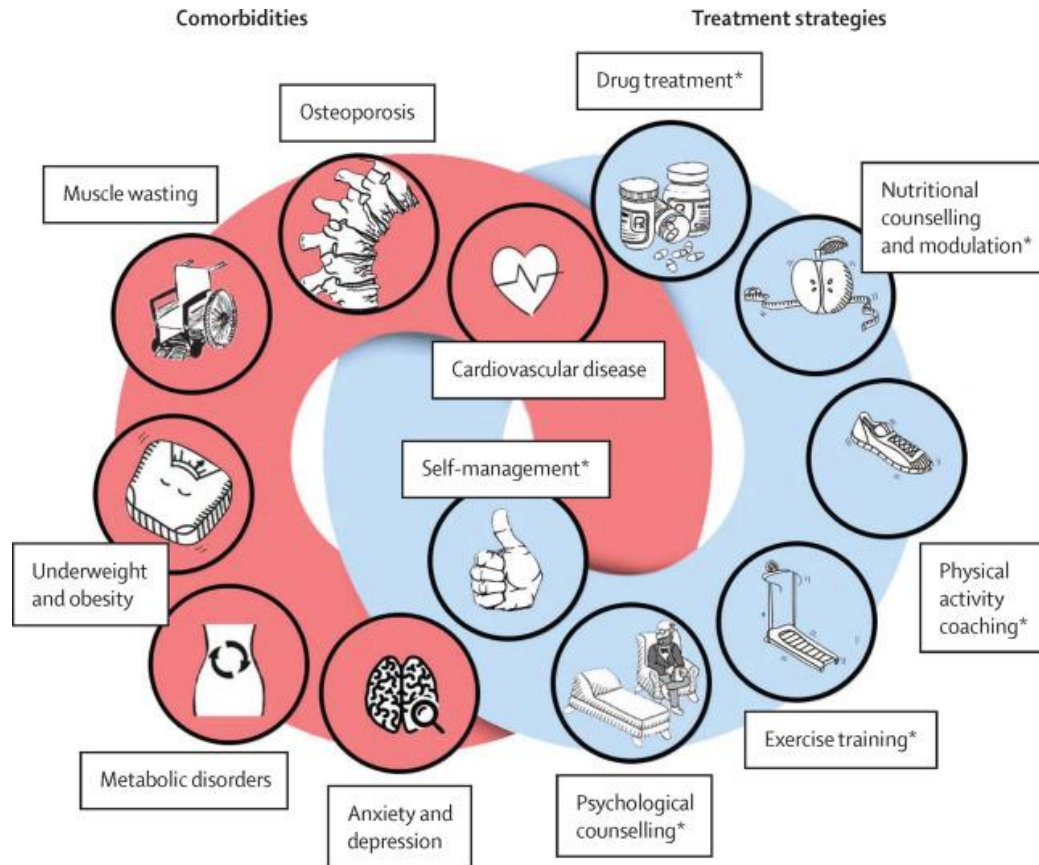
# Burden of chronic disease



# Self-Management

*‘Tasks performed by an individual to minimise the impact of one’s disease, with or without the support of health professionals. Tasks can holistically be categorised under medical management, role management and emotional management and are related to a set of skills.’*

# Self-management in chronic disease





# Training of healthcare professionals

- Need to be adequately prepared to effectively tackle the escalating burden of chronic disease
- Little consensus on what health professions students need to know to effectively foster behaviour change and support self-management

# Aim and objectives

## **Aim:**

- To develop a European competency framework to support health professions students in supporting behaviour change and self-management in chronic disease

## **Objectives:**

1. To compile a draft list of competencies
2. To undertake a Delphi exercise
3. To produce a final consensus-agreed list of competencies



# Methods

- **Delphi study**
  - Compilation of draft list of competencies
  - Development of Delphi questionnaire
  - Formatted using online software and piloted
  - Identify potential panellists
  - Conduct Delphi rounds





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# Methods

- **Delphi panellists**

- 80 participants identified by the T4H consortium
- Panellists represented
  - Academics and healthcare professionals with expertise in chronic disease management & behavior change
  - Pharmacy, Nursing, Sports Sciences
  - >10 European countries

# Methods

- **Analysis**

- Responses to competency statements rated using 5-point Likert scale
  - 1 = strongly disagree, 5 = strongly agree
- Pre-defined decision rules
  - **Reject**: if upper quartile  $\leq 2$
  - **Accept**: if lower quartile  $\geq 4$
  - **Review**: if interquartile range includes 3

# Results

- No. of individuals invited: 88
- No. of responses to invite: 61
  - No. who agreed to receive the link: 55
  - Refusals: 6 (5 lacked relevant expertise, 1 lack of time)
- No. of respondents to Round 1: 48
  - Response rate: 87.3%
- No. of respondents to Round 2: 40
  - Retention rate: 83.3%

# Participant demographics

Profession	%	n
Nursing	25%	12
Pharmacy	43.8%	21
Sports Sciences and Physiotherapy	16.7%	8
Other	14.6%	7

# Participant demographics

Country of residence	%	n
Belgium	14.6	7
Estonia	2.1	1
Finland	2.1	1
Ireland	12.5	6
Lithuania	2.1	1
Malta	4.2	2
Netherlands	6.3	3
Norway	4.2	2
Portugal	20.8	10
Serbia	2.1	1
Spain	2.1	1
Switzerland	2.1	1
Turkey	4.2	2
UK	20.8	10



# Round 1 results

- Total no. of statements in Round 1: 27
- No. meeting acceptance criteria: 27
- No. rejected: 0
  
- No. removed by T4H Team after Round 1: 2
- No. added: 1
- No. modified based on panel comments: 14

# Removed after Round 1

- **Original statement:** Ability to plan for addressing any other target behaviours that require attention
- **Delphi panel comments:**

*“Unsure why this is a stand-alone. Surely all behaviours would be assessed at the outset & intervention planned according to need?”*

*“This is duplication of other competencies related to planning”*



# Modified/Added after Round 1

- **Original statement:** Ability to develop an intervention plan by selecting behaviour change techniques that are tailored to behaviour determinants and decide on their mode of delivery and content, depending on whether it is a brief or long-term intervention
- **Revised:** Ability to identify and select behaviour change techniques that are tailored to behavioural determinants (opportunities and barriers) in developing an intervention plan
- **New:** Ability to select behaviour change techniques that are appropriate to the length of the intervention (brief or long-term)

# Round 2 results

- No. entered into Round 2: 15
- No. meeting acceptance criteria: 15
- Total no. in final framework: 26
  - **Section 1:** Competencies that directly support behaviour change in the self-management of chronic disease (n=14)
  - **Section 2:** Foundational competencies required for effective delivery of behaviour change support (n=12)

# T4H Competency Framework

Section	Statement
(1) Competencies that directly support behaviour change in the self-management of chronic disease	1. Knowledge of health behaviour and health beliefs
	2. Knowledge of appropriate behaviour change models/theories
	3. Knowledge of relevant behaviour change techniques
	4. Knowledge of clinical features of chronic diseases and target behaviours for their self-management
	5. Ability to identify self-management needs in relation to target behaviour(s) relevant for the chronic disease(s)
	6. Ability to engage and empower individuals with chronic diseases in self-management
	7. Ability to foster and maintain a good intervention alliance with individuals
	8. Ability to identify opportunities and barriers (determinants) to implementing change in the target behaviour
	9. Ability to work in partnership to prioritise target behaviours to develop an intervention plan
	10. Ability to identify and select behaviour change techniques that are tailored to behavioural determinants (opportunities and barriers) in developing an intervention plan
	11. Ability to select behaviour change techniques that are appropriate to the length of the intervention (brief or long-term)
	12. Ability to apply behaviour change techniques and implement the intervention plan, adapting and tailoring as required
	13. Ability to plan for follow-up and maintenance when the target behaviour has been achieved
	14. Ability to provide access to appropriate information and educational materials tailored to individual needs

# T4H Competency Framework

Section	Statement
(2) Foundational competencies required for effective delivery of behaviour change support	15. Knowledge of the roles of other professionals in the local health system
	16. Ability to maintain effective interprofessional relationships
	17. Ability to provide interventions that are person-centred and consider the context (e.g. culture, family, local health system)
	18. Ability to screen for readiness for behaviour change
	19. Knowledge of the foundational aspects of effective communication
	20. Ability to communicate effectively in partnership with people and families
	21. Ability to communicate effectively with others (e.g. health care providers, administrators)
	22. Ability to engage and partner with people individually and in groups
	23. Ability to explore and manage expectations of individuals and groups
	24. Knowledge of professional and ethical guidelines
	25. Ability to demonstrate professional behaviour
26. Ability to reflect, self-evaluate and continuously develop these competencies	

# Ongoing and future work

- **WP2 –A2.2: Defining learning outcomes-based curricula informed by the competency framework**
  - Study design/approach: stakeholder consultation
  - Participants: consortium partners/collaborators
  - Intended output: Learning outcomes-based curricula

# Ongoing and future work

- **WP2 –A2.3: Outlining unmet needs in light of a common learning outcomes-based curricula**
  - Study design: focus groups
  - Participants: students and academic educators within partner institutions
  - Intended output:
    - Identification of students' and educators' preferences and views on features of case studies, the e-learning course and the simulation software
    - Alignment of learning outcomes with product requirements

